NAME: GARY PROSPECT
ADDRESS:
567 CHURCH HILL
APPLE, NC 23456

MRN#: 239-12-3456

ACCT#: 11223388
DOB: 07/15/1950

SSN# 999-99-9995

RACE: O

SEX: M
RELIGION: PROT
MARITAL STATUS: S

MANAGING MD: DR. H. ADENO
DIAGNOSIS: C185.9
PATIENT PHONE# 201-222-1116

EMPLOYER: SELF-EMPLOYED

EMPLOYER ADDRESS: SAME

INSURANCE PROVIDER: BC/BS NC
GROUP #: 0803512

PROCEDURE DATE: 10/30/2006

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Adenocarcinoma of the prostate

POSTOPERATIVE DIAGNOSIS: Adenocarcinoma of the prostate, awaiting PD report for grading and staging

PROCEDURE: Bilateral pelvic lymphadenectomy, radical retropubic prostatectomy and seminal vesiculectomy

ASSISTANT: S. C. MD

ESTIMATED BLOOD LOSS: 1000 cc

BLOOD REPLACED: None

BRIEF CLINICAL HISTORY: This is a 56-year-old male who had been having serial PSA's by physician and had a PSA in January of 2004 of 2.9, in 5/05 of 2.9, and then in 7/06 of 4.1. He was treated with two weeks of Bactrim, but his PSA was still at high range for his age at 3.8. Ultrasound and biopsy of the prostate was performed. Eleven biopsies were obtained along the neurovascular bundle and 3/11 biopsies revealed adenocarcinoma, Gleason VI. Various treatment options were discussed with the patient and he chose to have a radical prostatectomy for cure of his cancer. His UA preop was negative. His creatinine was 1.0 and his hematocrit 47.3

PROCEDURE IN DETAIL: After the patient was adequately prepped and draped, a midline incision was performed from the symphysis to the umbilicus and carried down through the skin and subcutaneous tissue. The anterior rectus fascia was opened along the line of the incision and the rectus muscle was divided in the midline. The space of Retzius entered. The peritoneum was reflected off of the iliac vessels and bladder and bilateral pelvic lymphadenectomy was performed and the nodes were negative. The lateral prostatic fascia was then identified and the fascia was opened along the line of the neurovascular bundle on either side in an avascular plane to allow dissection of the prostate and apex of the prostate. The dorsal venous complex was dissected free from the membranous urethra and sutured with 2-0 chromic proximally and distally. The neurovascular bundle on either side was spared. The membranous urethra divided the apex of the prostate and a plane of dissection between Denonvilliers fascia and the rectum was established easily after the rectourethralis muscle was divided. The neurovascular bundle was spared on either side and as the pedicle was developed and divided, it was clipped and no cauterization was done in this area so as to prevent any heat damage to the neurovascular bundle. The ampulla to each vas was mobilized, clamped, tied and then the seminal vesicles were mobilized. The artery to the seminal vesicle clipped taking care again during dissection not to injure the neurovascular bundle.

Attention was then directed towards the anterior aspect of the prostate at the bladder neck and with Mayo scissors, the bladder neck was divided from the prostate anteriorly and then posteriorly and the prostate seminal vesicles were removed in their entirety. Dissection between the bladder neck and the prostate appeared to go extremely well and there was no residual prostatic tissue remaining. Smaller bleeders were either tied or sutured. The mucosa of the bladder neck was then marsupialized with 4-0 chromic and then one 2-0 chromic suture was placed anteriorly to help tape the bladder neck to where a 32 sound passed with ease. The bladder neck had an excellent blood supply and good marsupializing of the mucosa.

Next, sutures were place at 11, 1, 5 and 7 o'clock in the membranous urethra. The membranous urethra appears to have been totally preserved and also had what appeared to be a good blood supply. The urethral sutures were then sutured to a newly created bladder neck and then a 22 silastic Foley was placed into the bladder, the balloon inflated to 15 cc and then the balloon pulled in the pelvis to approximate the bladder neck to the membranous urethra and the sutures were tied. Irrigation of the catheter showed easy irrigation with no bleeding or clots. A Penrose drain was placed in the space of Retzius and brought out through a separate stab wound at the left side of the incision. The rectus muscle was approximated with 0 chromic interrupted sutures, the fascia with #1 Vicryl sutures, the subcutaneous tissue with 2-0 plain and the skin with skin staples. The Penrose was secured with 2-0 silk.

Plan at this time is to leave the Foley for two weeks and have a PSA performed at six weeks and then at three month intervals for the first year if undetectable. A CBC and chem-7 will be performed in the Recovery Room and then in the morning. He had an estimated blood loss of 1000 cc. His hematocrit, preoperatively, was over 47 so no blood was given during surgery since he remained stable. If his hematocrit remains above 30, no blood will be given postoperatively.

PROCEDURE DATE: 10/30/2006

PATHOLOGY REPORT

SPECIMEN SUBMITTED:
A. Node, right iliac/obturator, frozen
B. Node, left iliac/obturator, frozen
C. Prostate, radical

CLINICAL HISTORY: None given
PRE-OP DIAGNOSIS: Prostate cancer
POST-OP DIAGNOSIS: None given

GROSS EXAMINATION:
A. The specimen is labeled right iliac/obturator node. The specimen consists of a mass of fatty tissue containing nodular structures; these are isolated and submitted for frozen section. Remaining tissue is submitted for permanent section.
B. The specimen is labeled left iliac/obturator node. The specimen consists of a mass of fatty tissue containing nodular structures; these are isolated and submitted for frozen section. Remaining tissue is submitted for permanent section.
C. The specimen is labeled prostate. The specimen consists of prostate gland and attached seminal vesicles; it weighs 42 grams and measures approximately 3.5 x 4 x 3 cm. The outer surface is covered with black ink. Sections of seminal vesicles and urethral margin of resection submitted.

MICROSCOPIC EXAMINATION:
A. Histological exam shows fatty tissue containing lymph nodes and lymphoid tissue. No metastatic tumor is noted.
B. Histological exam shows fatty tissue containing several lymph nodes. No metastatic tumor.
C. Examination of the seminal vesicles shows no tumor. Examination of the prostate tissue shows approximately 5% showing 3 + 3 = 6 adenocarcinoma. No tumor is seen at the inked capsular margin.

FROZEN SECTION DIAGNOSIS:
A and B. Bilateral iliac and obturator nodes. No metastatic tumor seen.
C. Prostate resection:
1. Adenocarcinoma of prostate (3+3=6) in approximately 5% of the tissue
2. Capsular margin free of tumor
3. Urethral margin of resection free of tumor
4. Seminal vesicles free of tumor

MEMORIAL HOSPITAL - PATIENT IDENTIFICATION Acsn # |_____/_____|

|_____Prospect_____Gary_____|_____|_____|_____|
Patient Last Name **First Name** **MI** Prefix Suffix

|_____| |__999__ - _99_ - _9995___| |__239-12-3456_____|
Maiden Name/Alias SocSec# MR #

Address |_____567 Church Hill_____| **County** |_____|

City/**St**|___Apple_____|_NC_| Zip + 4|23456__|_____| Area Code/Phone #|_201_/_222_-_1116_|

PT PERSONAL INFO **Birthdate** |07_/_15__/_1950____| **Age**|_56_____| **Birth Loc** |_999____|

Sex |_1__| **Race** |_98_| **Hisp Orig** |_0__| **Race#2-5** |_88_| |_88_| |_88_| |88__| **Insurance** |__10_____|

Spouse Last Name/First Name |_____|_____|

Occup |_____| Indus|_____|

Comments

SECONDARY CONTACT Phone |_____/_____-_____| Relation |_____|

|_____| |_____| |____|
Last Name First Name MI

Address |_____|

City|_____| St|_____| Zip+4|_____|_____|

DIAGNOSIS IDENTIFICATION **Seq #** |_00___|

Site |_____Prostate Gland_____| Site code |___C619_____|

Histology |_____Adenocarcinoma_____| Hist code |__8140_____|

Behavior |__3____| **Grade** |_2____| Coding Sys Site |ccc| Morph |ccc| Conv flag |ccc|

Laterality |__0_| **Dx Confirm** |_1__| **Rpt Src** |_8__| Casef Src |_20__| Class/Case |_1__|

Supporting Text 10/30/06-Prostate-adenoca, gleason 3+3=6 in approx 5% of tissue. Capsular margin free of ca. Urethral margin neg. Seminal vesicles neg. Bilateral iliac and obturator LNS neg.

DATE INIT DX |99__/_99_/_2006_| Admit |____/____/____| D/C |____/____/____|

DX EXT OF DIS CS Tumor Sz (mm) |_999__| **CS Extension |_15__|** CS T Eval |_____|

#LN exam |_____| #LN + |_____| **CS LN |__00_|** CS N Eval |_____|

CS Ver 1st |_____| CS Ver Latest |_____| **CS Mets |_00__|** CS M Eval |_____|

CS SS Factors #1 |_____| #2 |_____| **#3 |_030__|** #4 |____| #5 |____| #6 |____|
C38.4 only C619 only

Sum Stage |_1___| Version |ccc| Derived |ccc|

pT |_____| N |_____| M |____| Stage |____| Descrip |___| Staged By |____| **AJCC Ed** |ccc|

cT |_____| N |_____| M |____| Stage |____| Descrip |___| Staged By |____|

Staging Descrip _____

Date First Course of Treatment |__10__/__30__/_2006__| Date Init Rx |_10___/_30___/__2006___|

Surgery

Date|_10_/_30_/_2006_| Surg Prim Site |_50____| Scope LN |_3__| Other|_0__| Reason No Surg |_0__|

Date|____/____/____| Surg Prim Site |_____| Scope LN |_____| Other|_____| Reason No Surg |_____|

Date|____/____/____| Surg Prim Site |_____| Scope LN |_____| Other|_____| Reason No Surg |_____|

OTHER TREATMENT

Date |____/____/____| Radiation Sum |_____| Surg/Rad Seq |_____| Reg Rad Rx Modal |_____|

Date |____/____/____| Chemotherapy Sum |___|

Date |____/____/____| Hormone Sum |___|

Date |____/____/____| BRM Sum |___| Other Rx Sum |___| Transpl/Endocr Sum |___|

PHYS SEQ
N = _____
M = _____ Ref From _____
R = _____ Add _____
F = _____ Ref To _____
2 = _____ Add _____
3 = _____ Comments: _____

PT STATUS Date Last Contact |_10__/_30__/_2006_| Vital Stat |_1_| CA Status |_1_| FU Source |_0__|

COD (ICD) |_____| ICD Revision |_____|

OVERRIDE FLAGS
Age/Site/Morph |ccc| SeqNo/Dx Conf |ccc| Site/Lat/SeqNo |ccc| Site/Type |ccc| Histol |ccc|

Rept Source |ccc| Ill-def Site |ccc| Leuk,Lymph |ccc| Site/Beh |ccc| Site/Lat/Morph |ccc|

Additional Data
Census Tract |ccc| Cen Cod Sys |ccc| Cen Year |ccc| Cen Tr Cert |ccc|

NHIA Hisp Orig |ccc| IHS link |ccc| Comp Ethn |ccc| Comp Ethn Src |ccc|

Rec Type |ccc| Unique Pt ID |ccc| Reg ID |ccc| NAACCR Rec Ver |ccc|

KEY Data items in **Bold** are required fields Other data items are optional or "advanced surveillance"
|ccc| computed field, no manual input Shaded are optional non-NPCR items